



MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
PRODUCER SECURITY SERVICES, PO BOX 30776, LANSING MI 48909-8276
P: 517-284-5771 E: MDARD-GrainDealers@michigan.gov
F: 517-241-4640 W: www.michigan.gov/mda-licensing

DEPARTMENT USE ONLY

LICENSE #: _____

DATE MAILED: ____/____/____

GRAIN DEALER FACILITY LICENSE APPLICATION

(In accordance with Act No. 141, Public Acts of 1939, as amended)

License expiration date: ____ / ____ / ____ <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> No longer needed				FEDERAL/TAX ID NUMBER	
				1 NAME UNDER WHICH BUSINESS WILL OPERATE	
				2 STORAGE FACILITY STREET ADDRESS	
				3 CITY	
4 COUNTY		5 TELEPHONE & FAX NUMBERS			
		PHONE		FAX	
6 MAILING ADDRESS (if different from business location)					
STREET ADDRESS			CITY		STATE ZIP CODE
7 TYPE OF OWNERSHIP (Complete one)					
Individual Proprietorship			Cooperative Organization Or Association		
OWNER'S NAME			BOARD OF DIRECTORS PRESIDENT'S NAME		
HOME ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
Partnership			Corporation		
PARTNER'S NAME			NAME OF CORPORATION		MICHIGAN RESIDENT AGENT'S NAME
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
PARTNER'S NAME			PRESIDENT'S NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
8 TEMPORARY FACILITY (If applicable, complete this section if NOT previously report.)					
TEMPORARY FACILITY BUSHEL CAPACITY	STREET ADDRESS		CITY	STATE	ZIP CODE
9 BUSHEL CAPACITY			10 LICENSE FEE All classifications – AOBJ 0233		
PERMANENT FACILITY	TOTAL CAPACITY (TEMPORARY + PERMANENT)		SEE LICENSE FEE SCHEDULE. MAKE CHECK PAYABLE TO: STATE OF MICHIGAN.		

(OVER)

11 GRAIN TRANSACTIONS (CHECK ALL APPLICABLE. SUBMIT ONE SAMPLE OF EACH FORM.)					
ISSUING PRICE LATER AGREEMENTS OPEN STORAGE ISSUING NEGOTIABLE OR NON-NEGOTIABLE WAREHOUSE RECEIPTS CASH			ISSUING GRAIN BANK WAREHOUSE RECEIPTS SELLING GRAIN OF MY OWN PRODUCTION FORWARD OR BASIS CONTRACTING OTHER _____		
12 BUSHELS OF FARM PRODUCE HANDLED					
TOTAL BUSHELS OF FARM PRODUCE HANDLED FROM PRODUCER(S) DURING GRAIN DEALER'S MOST RECENTLY COMPLETED FISCAL YEAR:					
13 BOND INFORMATION: Before completing this section, see bonding provisions on enclosure.					
CAPACITY USED FOR STORAGE OF WAREHOUSE-RECEIPTED GRAIN & OPEN STORAGE		BOND NUMBER		BOND AMOUNT	
				\$100,000	
BONDING COMPANY NAME			BOND COMPANY AGENT NAME		PHONE
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
14 INSURANCE INFORMATION					
INSURANCE COMPANY NAME			INSURANCE COMPANY AGENT NAME		PHONE
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
INSURANCE POLICY NUMBER	TYPE OF POLICY		LIMITS OF INSURANCE ON FARM PRODUCE		
	<input type="checkbox"/> AUTOMATIC STOCKS <input type="checkbox"/> OTHER _____		STOCKS \$ _____ FIRE, INHERENT EXPLOSION, TORNADO _____		
15 OWNERSHIP					
NAME AND OWNERSHIP INTEREST OF EACH OWNER, STOCKHOLDER, MEMBER, OR PARTNER OF THE GRAIN DEALER WHO OWNS AT LEAST 5 PERCENT OF THE SHARES. (ATTACH ADDITIONAL SHEET IF NECESSARY.)					
1. _____	_____ %	4. _____	_____ %		
2. _____	_____ %	5. _____	_____ %		
3. _____	_____ %	6. _____	_____ %		
16 OFFICIAL IN CHARGE					
I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, AND THE RULES ISSUED IN ACCORDANCE THEREWITH, AND FURTHER THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT NONE OF THE EVENTS REFERRED TO IN SECTION 10 OF THE GRAIN DEALERS ACT HAVE OCCURRED WITHIN THE PAST 5 YEARS.					
SIGNATURE OF OFFICIAL IN CHARGE		TITLE		DATE	
PRINTED NAME OF OFFICIAL IN CHARGE		PHONE		EMAIL	
17 NOTARY					
BEFORE ME THIS DATE THE ABOVE-SIGNED INDIVIDUAL PERSONALLY APPEARED AND STATES THAT HE/SHE UNDERSTANDS THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, STATE OF MICHIGAN.					
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.					
NOTARY PUBLIC SIGNATURE _____ MY COMMISSION EXPIRES _____					

Payment enclosed for _____ Grain Merchandiser license(s) @ \$1,045 per license =

\$ _____

Payment enclosed for first Trucker license @ \$525 =

\$ _____

Payment enclosed for _____ additional Trucker licenses @ \$210 per license =

\$ _____

Total payment enclosed =

\$ _____

NOTE: A financial statement must accompany this application. The financial statement must be at least a review in nature and prepared by a Certified Public Accountant (CPA), who must abide by generally accepted accounting principles. The financial statement shall consist of no less than a balance sheet, income statement, and notes and disclosures to adequately interpret the financial information submitted.